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Bib Data Sheet

CONFIRMATION NO. 6684

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/015,123 | FILING DATE 10/26/2001 RULE | CLASS 424 | GROUP ART UNIT 1633 | ATTORNEY DOCKET NO. 3115.00017 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

John W. Hadden, Cold Spring Harbor, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/243,912 10/27/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
** 02/21/2002

| | | | | | |
|---------------------------------|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 10 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 6 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature Initials | | | | |

ADDRESS

Kenneth I. Kohn
Kohn & Associates
Suite 410
30500 Northwestern Hwy
Farmington Hills, MI 48334

TITLE

Vaccine immunotherapy for immune suppressed patients

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|-------------------------------|---|---|
| FILING FEE RECEIVED 642 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|---|